



INSURANCE REQUIREMENTS

New Bid ☒
OTR ☐

Bid No.: **RTQ-00117**

☒ TERM CONTRACT
☐ SINGLE ACQUISITION CONTRACT

Procurement Agent/Technician: Maria Hevia, CPPB, at 305-375-3022 *

Bid Title: Recycling Service (962-70) *ERIN GORE-MOLIS*

Date: May 19, 2015

AFFIDAVITS ☐ YES ☐ NO

Contract Value: \$ **1.00**

Contract Period: 07/01/15 through 06/30/23 ☐ UPON COMPLETION

BCC Approval Date:

PMD Approval Date:

PERFORMANCE BOND AMOUNT: \$

INSURANCE TYPE: * 1 (One)

Firm	FED ID #	Ins	Apprvd	PB	PB \$ Amount	Apprvd
Southern Waste Systems, Llc.	650936043	Y	5/22/15		\$	
FPT Fort Lauderdale, Llc.	461287814	Y	5/29/15		\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

Remarks: _____

☐ BID REQUIREMENTS FOR THIS BID HAVE BEEN MET

Authorized Signature

Date

CR 6/2/15

PROCUREMENT INSURANCE TRANSMITTAL FORM

CONTRACTOR #: 12484

MIAMI-DADE COUNTY FL
DEPT OF PROCUREMENT

RETURNED TO: Proc

☐ NEW

2015 MAY 29 PM 4:47

DATE: 5/29/15

BY: ml

SUBMITTED BY: RITA GUERRA
AGENT/OFFICER: MARIA HEVIA

DATE: 5/19/2015

PHONE: 4369

BID#: RTQ-00117

VENDOR: **FPT FORT LAUDERDALE, LLC**

ADDRESS: 700 N.W. 21ST TERRACE

CITY: Ft. Lauderdale STATE: FL

ZIP: 33311

CONTRACT PERIOD

07/01/15 TO 06/30/23

☐ SEE ATTACHED CERTIFICATE

CONTACT: (Christine Withrow)
PHONE: 954-791-2844

DESCRIPTION: Recycling Service

INSURANCE TYPE: **1**

FAX: 954-583-2762

THIS IS A: 5/28/15

☒ NEW CONTRACT ☐ EXTENSION ☐ OTR ☐ REQ/W.O.(FILE MISC)

DO NOT WRITE BELOW THIS LINE – FOR RISK MANAGEMENT USE ONLY

Coverage	Agent#	Company#	Expiration

CORRECTIONS OR OUTSTANDING ITEMS

☐ ADDITIONAL
☐ LETTER: AUTO
☐ 30 DAY
☐ LETTER: WC/L
☐ CANCELLATION
 ☐ HIRED/ENO
☐ POLICY#
☐ CERT NOT
☐ CERT HOLDER
☐ CARRIER

DATE

MISC/NOTES:

NEED ALL CERTS

<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

APPROVED AS TO INSURANCE REQUIREMENTS AS OF 5/29/15 PHONE: x4282

RECEIVED

Orbunall

RISK MANAGEMENT DIVISION

REVISED: May 20, 2014

MAY 29 '15

PROCUREMENT
DIVISION

PROCUREMENT INSURANCE TRANSMITTAL FORM

CONTRACTOR #:

5187

2015 MAY 22 PM 4:13

RETURNED TO:

DATE:

BY:

Proc
05/22/15
126

☐ NEW

SUBMITTED BY: RITA GUERRA

DATE: 5/19/2015

PHONE: 4369

AGENT/OFFICER: MARIA HEVIA

BID#: RTQ-00117

VENDOR: **SOUTHERN WASTE SYSTEMS, LLC**

ADDRESS: 2380 College Ave

CITY: Davie

STATE: FL

ZIP: 33317

CONTRACT PERIOD

07/01/15 TO 06/30/23

DESCRIPTION: Recycling Service

☐ SEE ATTACHED CERTIFICATE

CONTACT: Charles Gusmano

PHONE: 888-800-7732

FAX: 561-828-8315

INSURANCE TYPE:

1

THIS IS A:

5/20/15

☒ NEW CONTRACT ☐ EXTENSION ☐ OTR ☐ REQ/W.O.(FILE MISC)

DO NOT WRITE BELOW THIS LINE - FOR RISK MANAGEMENT USE ONLY

Coverage	Agent#	Company#	Expiration

CORRECTIONS OR OUTSTANDING ITEMS

<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> HIRED/ENO
<input type="checkbox"/> LETTER: AUTO	<input type="checkbox"/> POLICY#
<input type="checkbox"/> 30 DAY	<input type="checkbox"/> CERT NOT
<input type="checkbox"/> LETTER: WC/L	<input type="checkbox"/> CERT HOLDER
<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> CARRIER

DATE

MISC/NOTES:

NEED ALL CERTS

<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

APPROVED AS TO INSURANCE REQUIREMENTS AS OF 05/22/15 PHONE: x4282

RECEIVED

MAY 22 2015

RISK MANAGEMENT DIVISION

REVISED: May 20, 2014

RISK MANAGEMENT DIVISION